

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M. P.	10	2-9-01
O.I.P.E. CLASSIFIER			3/2
FORMALITY REVIEW	H. S	866	03-13-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	Original
1	✓
2	✓
3	✓ ✓
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	✓ ✓
9	✓ ✓
10	✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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